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CONFIRMATION NO. 8383

SERIAL NUMBER 10/799,806	FILING OR 371(c) DATE 03/13/2004 RULE	CLASS 601	GROUP ART UNIT 3771	ATTORNEY DOCKET NO.
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APPLICANTS

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** CONTINUING DATA ***** KCM

This appln claims benefit of 60/454,712 03/14/2003

** FOREIGN APPLICATIONS ***** KCM
NONEIF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
** 06/01/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 8	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>KCM</i>	Initials <i>KCM</i>		

ADDRESS

40742

TITLE

Multifunction massage system and method of use

FILING FEE RECEIVED 485	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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